FORM
40 Alabama **2021**
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2021, or other tax year:

Beginning: Ending:

Your social security number: **490-54-9999**
☐ Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Spouse's SSN if joint return
☐ Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name: **a** Initial: Last name: **a**

Spouse's first name: Initial: Last name:

Present home address (number and street or P.O. Box number)

▶ **CHECK BOX IF AMENDED RETURN** ☐

City, town or post office: State: ZIP code: Check if address is outside U.S. ☐ Foreign Country:

Filing Status/ Exemptions

1 ☐ $1,500 Single
2 ☐ $3,000 Married filing joint
3 ☐ $1,500 Married filing separate. Complete Spouse SSN
4 ☒ $3,000 Head of Family (with qualifying person). Complete Schedule HOF

			A - Alabama tax withheld	B - Income
Income and Adjustments	5a	Alabama Income Tax Withheld *(from Schedule W-2, line 18, column G)*	5a	
	5b	Wages, salaries, tips, etc. *(from Schedule W-2, line 18, column I plus J):*		5b 104,762
	6	Interest and dividend income *(also attach Schedule B if over $1,500)*		6 38
	7	Other income *(from page 2, Part I, line 9)*		7
	8	**Total income.** Add amounts in the income column for line 5b through line 7		8 104,800
	9	Total adjustments to income *(from page 2, Part II, line 16)*		9
	10	**Adjusted gross income.** Subtract line 9 from line 8		10 104,800
Deductions	11	Box a or b **MUST** be checked. Check box a, if you **itemize deductions,** and enter amount from Schedule A, line 27. Check box b, if you **do not** itemize deductions, and enter **standard deduction** *(see instructions)*		
		a ☐ **Itemized Deductions** b ☒ **Standard Deduction**	11 2,000	
If claiming a deduction on line 12, you must attach page 1,2 and Schedule 1 of your Federal Return, if applicable.	12	Federal tax deduction *(see instructions)* **DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)**	12 13,222	
	13	Personal exemption *(from line 1, 2, 3, or 4)*	13 3,000	
	14	Dependent exemption *(from page 2, Part III, line 2)*	14 300	
	15	**Total deductions.** Add lines 11, 12, 13, and 14		15 18,522
	16	**Taxable income.** Subtract line 15 from line 10		16 86,278
Tax	17	**Income Tax due.** Enter amount from tax table or check if from ☐ Form NOL-85A		17 4,273
	18	**Net tax due Alabama.** Check box if computing tax using Schedule OC ☐, otherwise enter amount from line 17		18 4,273
Staple Form(s) W-2, W-2G, and/or 1099 here.Attach Schedule W-2 to return.	19	Additional taxes (from Schedule ATP, Part I, Line 3)		19
	20	**Alabama Election Campaign Fund.** You may make a voluntary contribution to the following:		
		a Alabama Democratic Party ☐ $1 ☐ $2 ☒ none		20a
		b Alabama Republican Party ☐ $1 ☐ $2 ☒ none		20b
	21	**Total tax liability and voluntary contribution.** Add lines 18, 19, 20a, and 20b		21 4,273
Payments	22	**Alabama income tax withheld** *(from column A, line 5a)*	22	
	23	2021 estimated tax payments/Automatic Extension Payment	23	
	24	Amended Returns Only - Previous payments *(see instructions)*	24	
	25	**Refundable Credits.** Enter the amount from Schedule OC, Section F, line F4	25	
	26	Payments from Schedule CP, Section B, Line 1	26	
	27	**Total payments.** Add lines 22, 23, 24, 25 and 26		27 0
	28	Amended Returns Only — Previous refund *(see instructions)*		28
	29	**Adjusted Total Payments.** Subtract line 28 from line 27		29 0
AMOUNT YOU OWE	30	If line 21 is larger than line 29, subtract line 29 from line 21, and enter **AMOUNT YOU OWE** and add line 31. Place payment, along with Form 40V, loose in the mailing envelope. **(FORM 40V MUST ACCOMPANY PAYMENT.)**		30 4,340
	31	Penalties (from Schedule ATP, Part II, line 3) *(see instructions)*	31 67	
OVERPAID	32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount **OVERPAID**		32
	33	Amount of line 32 to be applied to your **2022 estimated tax**	33	
Donations	34	**Total** Donation Check-offs from Schedule DC, line 2	34	
REFUND	35	**REFUNDED TO YOU.** (**CAUTION:** You must **sign** this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32		35
		For Direct Deposit, check here ☐ and complete Part V, Page 2.		

PART I Other Income (See instructions)

1	Alimony received			1	
2	Business income or (loss) *(attach Federal Schedule C or C-EZ) (see instructions)*			2	
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. *(attach Schedule D)*			3	
4a	Total IRA distributions	4a	4b Taxable amount *(see instructions)*	4b	
5a	Total pensions and annuities	5a	5b Taxable amount *(see instructions)*	5b	
6	Rents, royalties, partnerships, estates, trusts, etc. *(attach Schedule E)*			6	
7	Farm income or *(loss) (attach Federal Schedule F)*			7	
8	Other income *(state nature and source - see instructions)*			8	
9	**Total other income.** Add lines 1 through 8. Enter here and also on page 1, line 7			9	0

PART II Adjustments to Income (See instructions)

1a	Your IRA deduction	1a	
b	Spouse's IRA deduction	1b	
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	
3	Penalty on early withdrawal of savings	3	
4	Alimony paid. Recipient's last name _____ SSN _____	4	
5	Adoption expenses	5	
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State ____ ZIP _____	6	
7	Self-employed health insurance deduction	7	
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	
9	Health insurance deduction for small employer employee *(see instructions)*	9	
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	
11	Deposits to a catastrophe savings account	11	
12	Contributions to a health savings account	12	
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account *(see instructions)*	13	
14	Firefighter's Insurance Premium	14	
15	Contribute to an Achieving a Better Life Experience (ABLE) savings account	15	
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	0

PART III Dependents

1	Total number of dependents from Schedule DS, line 1b	1	1
2	**Amount allowed.** (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the Instructions.) Enter amount here and on page 1, line 14	2	300

PART IV General Information

All Taxpayers Must Complete This Section. *(See instructions)*

1 **Residency** *Check only one box* ▶ ● [X] Full Year ● [ ] Part Year From _____ 2021 through _____ 2021.

2 Did you file an Alabama income tax return for the year 2020? ● [ ] Yes ● [ ] No If no, state reason _____

3 Give name and address of present employer(s). Yours _____ Your Spouse's _____

4 Enter the Federal Adjusted Gross Income ● $ 104,800 and Federal Taxable Income ● $ 86,000 as reported on your 2021 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ● [ ] Yes ● [X] No

If yes, enter source(s) and amount(s) below: *(other than state income tax refund)*

Source ● _____ Amount ●

Source ● _____ Amount ●

PART V Direct Deposit

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. *(See Page 17 of instructions to see if you qualify.)*

1 Routing Number: _____ 2 Type: [ ] Checking [ ] Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? [ ] Yes [ ] No

Drivers License Info

DOB (mm/dd/yyyy) ● 02/02/1984 Your state ● ____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

DOB (mm/dd/yyyy) ● _____ Spouse state ● ____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

Sign Here In Black Ink

Keep a copy of this return for your records.

● [ ] I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature _____ Date _____ Daytime Telephone Number _____ Your Occupation _____

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Check if Self-employed [ ] Preparer's SSN or PTIN ● _____ E.I. Number _____

Firm's Name (or yours if self-employed) _____ Daytime Telephone No. _____ ZIP Code _____

Address _____